



DON SIEGELMAN
Governor

STATE OF ALABAMA MANUFACTURED HOUSING COMMISSION

360 SO. DECATUR STREET
MONTGOMERY, ALABAMA 36104
(334) 242-4036 FAX (334) 240-3178

JIM SLOAN
ADMINISTRATOR

APPLICATION FOR PROVISIONAL SALESPERSON'S LICENSE

(For use only by New Salesperson's. Training must be completed within 180 days of date of employment.)

LICENSE NUMBER _____
(For AMHC Use Only)

SALESPERSON INFORMATION

SALESPERSON'S NAME _____
(First) (MI) (Last)

DOB ____/____/____ SS NO. ____/____/____ DL NO. _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____

RETAIL CENTER INFORMATION

NAME OF BUSINESS _____

LICNSE NUMBER _____

LOCATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ COUNTY _____

Pursuant to the Rules and Regulations of the Alabama Manufactured Housing Commission Chapter 535-X-14, I hereby submit this application and a check or money order made payable to the Alabama Manufactured Housing Commission. I certify that I will comply with the Manufactured Housing Commission's laws, rules, and regulations.

SIGNATURE _____ DATE _____

(PLEASE PRINT OR WRITE LEGIBLY)